

DISADVANTAGED BUSINESS ENTERPRISE
INTENDED PARTICIPATION AFFIDAVIT - ATTACHMENT
INDIVIDUAL DBE

To be completed by the DBE subcontractor or supplier

ADOT Project # _____

DBE Civil Rights Vendor Registration # _____

Name of DBE Firm _____

Directions:

This form must reflect the information included on the individual confirmation for each DBE.
The form must be signed by an officer of the contractor(s).
The affidavit must be submitted by 4:00 p.m. on or before the fifth working day after the bids are opened.
A separate confirmation must be submitted for each proposed DBE.
(Attach additional sheets as necessary.)

1. The undersigned is prepared to perform the following scope(s) of work on the above referenced project.

COMPLETE THIS PORTION IF SCOPE OF WORK IS BID BY UNIT PRICE OR HOURLY RATE (Trucking, Hauling, Uniformed Officers, Etc.)			
Description/Scope of Work	Unit/Hourly Estimate	Unit/Hourly Price	Total Minimum Contract Amount
			\$
			\$
			\$
			\$
Total			\$

COMPLETE THIS PORTION IF SCOPE OF WORK IS NOT BID BY UNIT PRICE OR HOURLY RATE (Trucking, Hauling, Uniformed Officers, Etc.)	
Description/Scope of Work	Total Bid Amount
	\$
	\$
	\$
	\$
Total	\$

2. The undersigned affirms that of the trucking/hauling work quoted above, the following applies:

Total Minimum Contract Amount \$ _____

Percentage Subcontracted to Non-DBE Trucking Firms _____ %

Brokerage Fee Charged to Non-DBE Trucking Firms _____ %

Percentage Subcontracted to DBE Trucking Firms _____ %

3. The undersigned affirms that the amount of fees and commissions for work quoted above are as follows:

Unit Price Bid \$ _____ Fees/Commissions Portion of Bid \$ _____

4. The undersigned will sublet and/or award \$ _____ of work bid to a non-DBE firm.

5. The undersigned will sublet and/or award \$ _____ of work to another certified DBE firm.

On the ____ day of _____, 20____, by signature below, the undersigned agrees to enter into a formal agreement/subcontract for the work cited herein should the prime contractor receive award of this contract from the Purchaser.

(Print DBE Firm Name) (Phone Number)

(Authorized Signature) (Print Name and Title)